## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

| SERIAL NO.   | FILING DATE |  |  |  |
|--------------|-------------|--|--|--|
| 10/578623    |             |  |  |  |
| APPLICANT(S) |             |  |  |  |

## **CLAIMS**

|            | AS FILED |          | AFTER 1"AMENDMENT |             | AFTER 2 MAMENDMENT |                  |
|------------|----------|----------|-------------------|-------------|--------------------|------------------|
|            | IND.     | DEP.     | IND.              | DEP.        | IND.               | DEP.             |
| 1          |          |          |                   |             |                    |                  |
| 3          | <b> </b> |          |                   |             |                    |                  |
| 4          |          |          |                   |             |                    |                  |
| 5          |          |          | 1                 |             |                    |                  |
| 6          |          |          |                   |             |                    |                  |
| 7          |          |          |                   |             |                    |                  |
| <u>8</u>   |          |          |                   |             |                    |                  |
| 10         | ļ        |          |                   |             |                    |                  |
| 11         |          |          |                   | <del></del> |                    |                  |
| 12         |          |          |                   |             |                    |                  |
| 13         |          |          |                   |             |                    |                  |
| 14         |          |          |                   |             |                    |                  |
| 15<br>16   |          |          |                   |             |                    |                  |
| 17         |          |          | •                 |             |                    |                  |
| 18         |          |          |                   |             |                    |                  |
| 19         |          |          |                   |             |                    |                  |
| 20         |          |          |                   |             |                    |                  |
| 21         |          |          |                   |             |                    |                  |
| 23         |          |          |                   |             |                    |                  |
| 24         |          |          |                   |             |                    |                  |
| 25         |          |          |                   |             |                    |                  |
| 26         |          |          |                   |             |                    |                  |
| 27<br>28   |          |          |                   |             |                    |                  |
| 29         |          |          |                   |             |                    |                  |
| 30         |          |          |                   |             |                    |                  |
| 31         |          |          |                   |             |                    |                  |
| 32         |          |          |                   |             |                    |                  |
| 33         |          |          |                   |             |                    |                  |
| 34<br>35   |          |          |                   |             |                    |                  |
| 36         |          |          |                   |             |                    |                  |
| 37         |          |          |                   |             |                    |                  |
| 38         |          |          |                   |             |                    |                  |
| 39_        |          |          |                   |             |                    |                  |
| 40         |          |          |                   |             |                    |                  |
| 42         |          |          |                   |             |                    |                  |
| 43         |          |          |                   |             |                    |                  |
| 44         |          |          |                   |             |                    |                  |
| 45         |          |          |                   |             |                    |                  |
| 46         |          |          |                   |             |                    |                  |
| 47         |          |          |                   |             |                    |                  |
| 49         |          |          |                   |             |                    |                  |
| 50         |          |          |                   |             |                    |                  |
| FOTAL IND. |          | +        | 2                 | #           |                    | #                |
| TOTAL DEP. |          | <b>+</b> | 18                | <b>+</b>    |                    | <b>+</b>         |
| TOTAL      |          |          | 20                |             | 100                | 14 (1)<br>14 (1) |

PTO - 1360 (REV. 11/04)

| <u> </u>        | <del></del>                                      |      |      |                   |      |                     |  |
|-----------------|--|------|------|-------------------|------|---------------------|--|
|                 | AS FILED   |      |      | AFTER 1"AMENDMENT |      | AFTER 2 - AMENDMENT |  |
|                 | IND.   | DEP. | IND. | DEP.              | IND. | DEP.                |  |
| 51              | ļ  |      |      |                   |      |                     |  |
| 52              |  |      |      | <u> </u>          |      |                     |  |
| 53              | ·  |      |      |                   |      |                     |  |
| 54              |  |      |      |                   |      |                     |  |
| 55              |  |      |      |                   |      |                     |  |
| 56              |  |      |      | ļ <u>.</u>        |      |                     |  |
| 57              | ļ  |      |      |                   |      |                     |  |
| 58              |  |      |      | ļ                 |      |                     |  |
| 59              |  |      |      |                   |      |                     |  |
| 60              |  |      |      |                   |      |                     |  |
| 61              | <u> </u>   |      |      |                   |      | <u> </u>            |  |
| 62              |  |      |      |                   |      |                     |  |
| 63              |  |      |      |                   |      |                     |  |
| 64              |  |      |      | <u> </u>          |      |                     |  |
| 65              |  |      |      |                   |      |                     |  |
| 66              | <b> </b>   |      |      |                   |      |                     |  |
| 67              |  |      |      |                   |      |                     |  |
| 68              | ļ  |      |      |                   |      |                     |  |
| 69              | <b></b>  |      |      |                   |      |                     |  |
| 70              | <u> </u>   |      |      |                   |      |                     |  |
| 71              | <b> </b>   |      |      |                   |      |                     |  |
| 72              |  |      |      |                   |      |                     |  |
| 73              |  |      |      | ļ                 |      |                     |  |
| 74              |  |      |      |                   |      |                     |  |
| 75              | <b></b>  |      |      |                   |      |                     |  |
| 76              |  |      |      |                   |      |                     |  |
| 77              | <del>[</del> ]                                   |      |      |                   |      |                     |  |
| 78              | <del>                                     </del> |      |      |                   |      |                     |  |
| 79              | <del> </del>                                     |      |      |                   |      |                     |  |
| 80              |  |      |      |                   |      |                     |  |
| 81              |  |      |      |                   |      |                     |  |
| 82<br>83        | <del>                                     </del> |      |      |                   |      |                     |  |
|                 | <b> </b>   |      |      |                   |      |                     |  |
| 84              | <del> </del>                                     |      |      |                   |      |                     |  |
| 85              | <del>}             </del>                        |      |      |                   |      |                     |  |
| 86              | <b></b>  |      |      |                   |      |                     |  |
| 87              | <del>                                     </del> |      |      |                   |      |                     |  |
| 88              | <b></b>  |      |      |                   |      |                     |  |
| 89              | <del>  </del>                                    |      |      |                   |      |                     |  |
| 90<br>91        |  |      |      |                   |      |                     |  |
| 91              | <del>  </del>                                    |      |      |                   |      |                     |  |
| 92              |  |      |      |                   |      |                     |  |
| 93              | <del></del>                                      |      |      |                   |      |                     |  |
| 95              | <del>  </del>                                    |      |      |                   |      |                     |  |
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| 96              |  |      |      |                   |      |                     |  |
| 98              | <del></del>                                      |      |      |                   |      |                     |  |
|                 |  |      |      |                   |      |                     |  |
| 99              |  |      |      |                   |      |                     |  |
| 100             |  |      |      |                   |      |                     |  |
| TOTAL IND.      |  | +    |      | . ♣               |      | ₩                   |  |
| TOTAL DEP.      | I,   | 4    |      | +                 |      | <b>+</b>            |  |
| TOTAL<br>CLAIMS |  |      |      |                   |      |                     |  |

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